



Medicare & Medicaid EHR Incentive Program

Basics for Eligible Professionals

July 14, 2011

National Provider Call





Eligibility & Overview



Who is Eligible to Participate?

- Eligibility was defined in statute
- Hospital-based EPs are NOT eligible for incentives
 - DEFINITION: 90% or more of their covered professional services in either an inpatient (POS 21) or emergency room (POS 23) of a hospital
 - Incentives are based on the individual, not the practice

**Medicare-only Eligible
Professionals**

**Medicaid-only Eligible
Professionals**

**Doctors of Optometry
Doctors of Podiatric Medicine
Chiropractor**

**Doctors of Medicine
Doctors of Osteopathy
Doctors of Dental Medicine
or Surgery**

**Nurse practitioners
Certified nurse midwives
Physician assistants (PAs)
when working at an FQHC
or RHC that is so led by a
PA**

**Could be eligible for
both Medicare &
Medicaid incentives**

**Hospitals only eligible
for Medicare incentive**

**Hospitals only eligible
for Medicaid incentive**

**Subsection(d) hospitals in 50
U.S. states and the District
of Columbia*
Critical Access Hospitals
(CAHs)***

**without 10% Medicaid*

**Most subsection(d) hospitals/
acute care hospitals
Most CAHs**

**Children's hospitals
Acute care hospitals in the ter-
ritories
Cancer hospitals**

**Could be eligible for
both Medicare &
Medicaid (most
hospitals)**



EP Eligibility: Medicaid Basics

- Must be one of 5 types of EPs
- Must either:
 - Have $\geq 30\%$ *Medicaid* patient volume ($\geq 20\%$ for pediatricians only); or
 - Practice predominantly in an FQHC or RHC with $\geq 30\%$ *needy individual* patient volume
- Licensed, credentialed
- No OIG exclusions, living
- Must not be hospital-based



Hospital Eligibility: Medicaid Basics

- Acute care hospital with $\geq 10\%$ Medicaid patient volume
 - General, short-term stay
 - Cancer
 - Critical Access Hospitals
- Children's hospitals



EP Eligibility: Medicare Basics

- Must be a physician (defined as MD, DO, DDM/DDS, optometrist, podiatrist, chiropractor)
- Must have Part B Medicare allowed charges
- Must not be hospital-based
- Must be enrolled in PECOS, living



Hospital Eligibility: Medicare Basics

- Title XVIII subsection(d) qualified
 - Must be in 50 United States or D.C.
- Critical Access Hospitals



How Much Are the Incentives?

Medicare Incentive Payments

- Incentive amounts based on Fee-for-Service allowable charges
- Maximum incentives are \$44,000 over 5 years
- Incentives decrease if starting after 2012
- Must begin by 2014 to receive incentive payments. Last payment year is 2016.
- Extra bonus amount available for practicing predominantly in a Health Professional Shortage Area
- Only 1 incentive payment per year



How Much Are the Incentives?

Medicaid Incentive Payments

- Maximum incentives are \$63,750 over 6 years
- Incentives are same regardless of start year
- The first year payment is \$21,250
- Must begin by 2016 to receive incentive payments
- No extra bonus for health professional shortage areas
- Incentives available through 2021
- Only 1 incentive payment per year



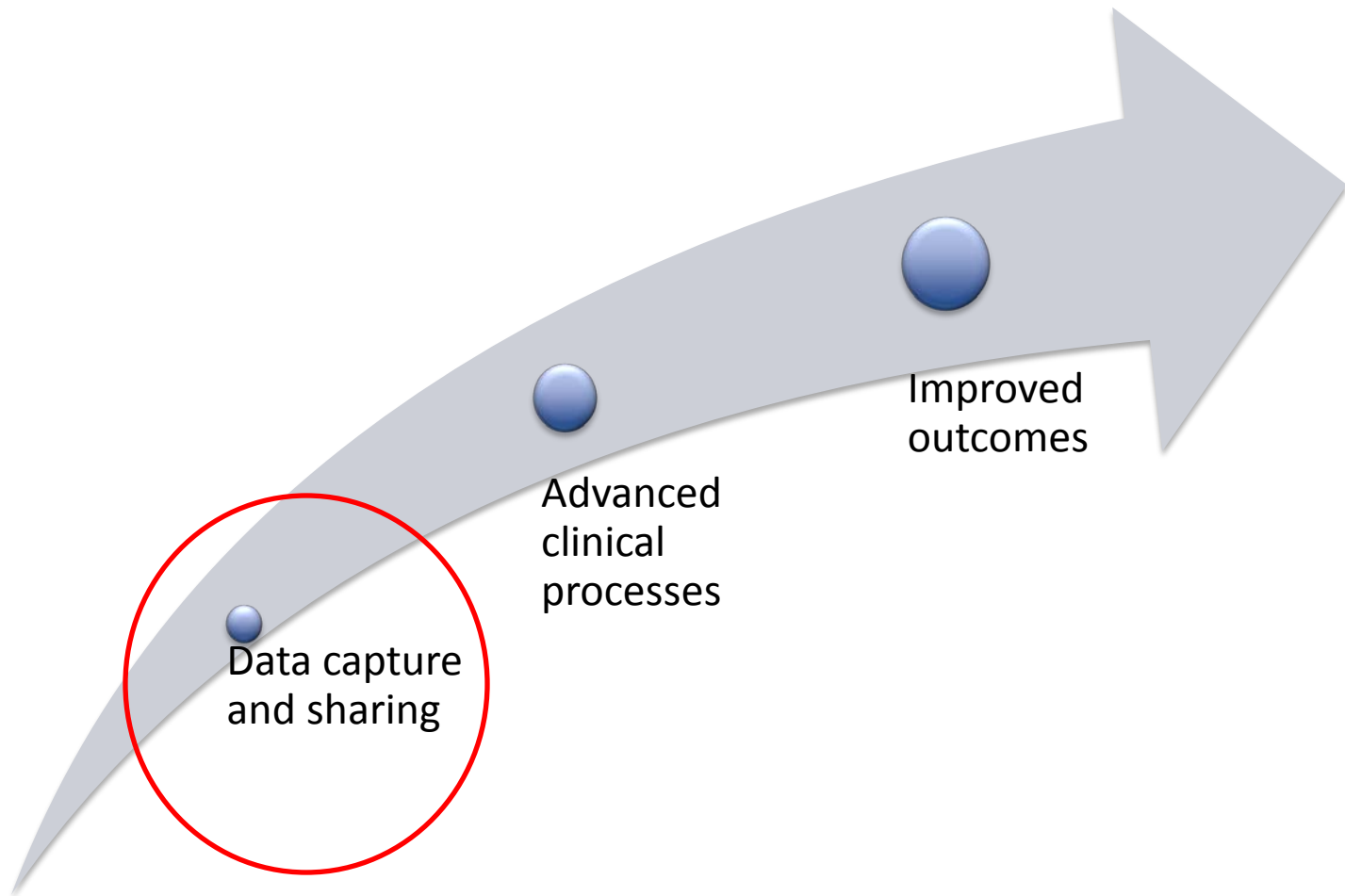
What are the Requirements? Adopt/Implement/Upgrade

- **Adopted** – Acquired access to certified EHR technology in a legally and/or financially committed manner
- **Implemented** – Began using certified EHR technology
- **Upgraded** – Demonstrated having upgraded access to EHR technology newly certified in a legally and/or financially committed manner

Meaningful Use



A Conceptual Approach to Meaningful Use





What are the Requirements of Stage 1 Meaningful Use?

- Basic Overview of Stage 1 Meaningful Use:
 - Reporting period is 90 days for first year and 1 year subsequently
 - Reporting through attestation
 - Objectives and Clinical Quality Measures
 - Reporting may be yes/no or numerator/denominator attestation
 - To meet certain objectives/measures, 80% of patients must have records in the certified EHR technology



What are the Requirements of Stage 1 Meaningful Use?

- Stage 1 Objectives and Measures Reporting
- Eligible Professionals must complete:
 - 15 core objectives
 - 5 objectives out of 10 from menu set
 - 6 total Clinical Quality Measures
(3 core or alternate core, and 3 out of 38 from menu set)
- Hospitals must complete:
 - 14 core objectives
 - 5 objectives out of 10 from menu set
 - 15 Clinical Quality Measures



Applicability of Meaningful Use Objectives and Measures

- Some MU objectives not applicable to every provider's clinical practice, thus they would not have any eligible patients or actions for the measure denominator. Exclusions do not count against the 5 deferred measures
- In these cases, the eligible professional, eligible hospital or CAH would be excluded from having to meet that measure
 - Eg: Dentists who do not perform immunizations; Chiropractors do not e-prescribe



Meaningful Use Denominators

- Two types of percentage based measures are included in demonstrating Meaningful Use:
 1. Denominator is all patients seen or admitted during the EHR reporting period
 - The denominator is all patients regardless of whether their records are kept using certified EHR technology
 2. Denominator is actions or subsets of patients seen or admitted during the EHR reporting period
 - The denominator only includes patients, or actions taken on behalf of those patients, whose records are kept using certified EHR technology



States Flexibility to Revise Meaningful Use

- States can seek CMS prior approval to require 4 MU objectives be core for their Medicaid providers:
 - Generate lists of patients by specific conditions for quality improvement, reduction of disparities, research, or outreach (can specify particular conditions)
 - Reporting to immunization registries, reportable lab results, and syndromic surveillance (can specify for their providers how to test the data submission and to which specific destination)
 - To date, no State has sought or been approved for this option



Meaningful Use for EPs Working in Multiple Settings

- An Eligible Professional who works at multiple locations, but does not have certified EHR technology available at all of them would:
 - Have to have 50% of their total patient encounters at locations where certified EHR technology is available
 - Would base all meaningful use measures only on encounters that occurred at locations where certified EHR technology is available



Meaningful Use: Clinical Quality Measures

- Details of Clinical Quality Measures
 - 2011 – Eligible Professionals, eligible hospitals and CAHs seeking to demonstrate Meaningful Use are required to submit aggregate CQM numerator, denominator, and exclusion data to CMS or the States by ATTESTATION.
 - 2012 – Eligible Professionals, eligible hospitals and CAHs seeking to demonstrate Meaningful Use are required to electronically submit aggregate CQM numerator, denominator, and exclusion data to CMS or the States.



Reminder: Notable Differences Between Medicare and Medicaid Programs

Medicare	Medicaid
Federal Government will implement (will be an option nationally)	Voluntary for States to implement
Payment reductions begin in 2015 for providers that do not demonstrate Meaningful Use	No Medicaid payment reductions
Must demonstrate MU in Year 1	A/I/U option for 1 st participation year
Maximum incentive is \$44,000 for EPs (bonus for EPs in HPSAs)	Maximum incentive is \$63,750 for EPs
MU definition is common for Medicare	States can adopt certain additional requirements for MU with CMS approval
Last year a provider may initiate program is 2014; Last year to register is 2016; Payment adjustments begin in 2015	Last year a provider may initiate program is 2016; Last year to register is 2016
Only physicians, subsection (d) hospitals and CAHs	5 types of EPs, acute care hospitals (including CAHs) and children's hospitals



Resources to Get Help and Learn More

- Get information, tip sheets and more at CMS' official website for the EHR incentive programs:

www.cms.gov/EHRIncentivePrograms

Follow the latest information about the EHR Incentive Programs on Twitter at www.Twitter.com/CMSGov

- Learn about certification and certified EHRs, as well as other ONC programs designed to support providers as they make the transition:

<http://healthit.hhs.gov>

Registration Overview



Register-Attest-Get Paid! Medicaid

For states with launched programs:

- Go to the CMS EHR Incentive Program website
 - Click on the *Registration* tab
 - Complete your registration
- Go to your state's website and complete the eligibility verification
- States will pay no later than 5 months after you register; most sooner




Medicare & Medicaid EHR Incentive Program Registration and Attestation System


Welcome to the Medicare & Medicaid EHR Incentive Program Registration & Attestation System

About This Site

The Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs will provide incentive payments to eligible professionals and eligible hospitals as they demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology. These incentive programs are designed to support providers in this period of Health IT transition and instill the use of EHRs in meaningful ways to help our nation to improve the quality, safety, and efficiency of patient health care.

This web system is for the Medicare and Medicaid EHR Incentive Programs. Those wanting to take part in the program will use this system to register and participate in the program.

Additional Resources: For User Guides to Registration and Attestation that will show you how to complete these modules, a list of EHR technology that is certified for this program, specification sheets with additional information on each Meaningful Use objective, and other general resources that will help you complete registration and attestation, please visit [CMS website](#) .

Eligible to Participate - There are two types of groups who can participate in the programs. For detailed information, visit [CMS website](#) .

- [Eligible Hospitals](#)

- [Eligible Professionals \(EPs\)](#)



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Login

Login Instructions

(*) Red asterisk indicates a required field.

Eligible Professionals (EP)

- If you are an EP, you must have an active National Provider Identifier (NPI) and have a National Plan and Provider Enumeration System (NPPES) web user account. Use your NPPES user ID and password to log into this system.
- If you are an EP who does not have an NPI and/or an NPPES web user account, navigate to [NPPES](#) to apply for an NPI and/or create an NPPES web user account.

Eligible Hospitals

- If you are an Eligible Hospital, you must have an active NPI. If you do not have an NPI, apply for an NPI in [NPPES](#).
- Users working on behalf of an Eligible Hospital(s) must have an Identity and Access Management system (I&A) web user account (User ID/Password) and be associated to an organization NPI. If you are working on behalf of an Eligible Hospital(s) and do not have an I&A web user account, [Create a Login](#) in the I&A System.

Account Management

- If you are an existing user and need to reset your password, visit the [I&A System](#).
- If you are having issues with your User ID/Password and are unable to log in, please contact the EHR Incentive Program Information Center at 888-734-6433 / TTY: 888-734-6553.

WARNING: Only authorized registered users have rights to access the Medicare & Medicaid EHR Incentive Program Registration & Attestation System. Unauthorized access to this system is forbidden and will be prosecuted by law. By accessing this system users are subject to monitoring by system personnel. Anyone using this system expressly consents to monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, system personnel may provide the evidence of such monitoring to law enforcement officials.

* User ID:

* Password:

Providers will use the NPPES/NPI web user account user name and password.





Medicare & Medicaid EHR Incentive Program Registration and Attestation System

[Home](#) | [Help](#) | [Log Out](#)

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Welcome Nichole Davick

Last Successful Login: 11/24/2010 | Unsuccessful Login Attempts: 0

Notifications

Welcome to the Medicare & Medicaid EHR Incentive Program Registration & Attestation System

For Medicare EHR incentive program participants, you will need to demonstrate meaningful use of certified EHR technology.

For Medicaid EHR incentive program participants, you will need to demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology in your first year and demonstrate meaningful use for the remaining years in the program. Attestation for Medicaid occurs through your State Medicaid Agency.

Instructions

Select any tab to continue.



Tabs will guide users through each phase.

Registrations

Registration Instructions

Welcome to the Registration Page.

Depending on the current status of your registration, please select one of the following actions:

Register

- Register for the EHR Incentive programs
- Continue an incomplete registration

Modify

- Modify Existing Registration
- Switch Incentive Programs (Medicare/Medicaid)
- Switch Medicaid State

Cancel

- Discontinue participation in the Medicare & Medicaid EHR incentive programs

Reactivate

- Reactivate a previously canceled registration

Resubmit

- Resubmit a registration that was previously deemed ineligible.

Registration Selection

Identify the desired registration and select the Action you would like to perform. Please note only one Action can be performed at a time on this page.

Name :	Tax Identifier :	National Provider Identifier (NPI) :	Registration Status :	Action
Nichole Davick	XXX-XX-2454 (SSN)	1174853675	ISSUE PENDING	Resubmit Cancel

[Home](#)[Registration](#)[Attestation](#)[Status](#)[Account Management](#)

Topics for this Registration

Registration ID: 1000000703

Reason for Registration

- You have decided to resubmit your registration information.

Topics

The data required for this registration is grouped into topics. In order to complete registration, you must complete ALL of the following topics. Please click on Start Registration or Modify Registration to provide the required information. The system will show checks for item when completed.

Completed	Topics
<input checked="" type="checkbox"/>	EHR Incentive Program
<input checked="" type="checkbox"/>	Personal Information
<input checked="" type="checkbox"/>	Business Address & Phone

Note:

When all topics are checked as completed, select the **BEGIN SUBMISSION** button to submit your registration.

[MODIFY REGISTRATION](#)[BEGIN SUBMISSION](#)



Home Registration Attestation Status Account Management

EHR Incentive Program

Incentive Program Questionnaire

(*) Red asterisk indicates a required field.

Not sure which incentive program to select? For information on the requirements and the differences between the Medicare and Medicaid EHR incentive programs visit the [CMS Website](#)

***Please select your Incentive Program**

☒ Medicare ☐ Medicaid

Note: Medicare EPs cannot receive both Medicare EHR and e-Prescribing incentive payments.

***Please select your Eligible Professional Type:**

The EHR incentive programs require the use of EHR technology certified for this program. For more information about certified EHRs, visit the [CMS Website](#)

***Do you have a certified EHR?**

☒ Yes ☐ No

Note: A certified EHR is not required to complete the registration process, but an EHR Certification Number will be required when you attest for payment.

EHR Certification Number (Optional):


[What is an EHR Certification Number?](#)

Here you select program type (state for Medicaid providers), provider type, and EHR # if they have it

EHR Incentive Program

Incentive Program Questionnaire

(*) Red asterisk indicates a required field.

Not sure which incentive program to select? For information on the requirements and the differences between the Medicare and Medicaid EHR incentive programs visit the [CMS Website](#) 

***Please select your Incentive Program**

☐ Medicare

☒ Medicaid


APPLY 

Note: Medicare EPs cannot receive both Medicare EHR and e-Prescribing incentive payments.

***Medicaid State/Territory:**

[Why is my state not here?](#) 

***Please select your Eligible Professional Type:**

The EHR incentive programs require the use of EHR technology certified for this program. For more information about certified EHRs, visit the [CMS Website](#) 

***Do you have a certified EHR?**

☐ Yes

☒ No

Note: A certified EHR is not required to complete the registration process, but an EHR Certification Number will be required when you attest for payment.

 **PREVIOUS PAGE**

SAVE AND CONTINUE 

Personal Information

Name

First Name: John

Middle Name:

Last Name: Parker

Suffix:

Identifiers

(*) Red asterisk indicates a required field.

Please note, the tax identification number (TIN) captured below will receive the EHR incentive payment.

Social Security Number (SSN): XXX-XX-9812 (SSN)

National Provider Number (NPI): 1972833564

*Payee TIN Type:

EDI



APPLY



*Group Name:

PARKER GROUP



APPLY



Payee TIN:

991039482

*Payee NPI:

PREVIOUS PAGE

SAVE AND CONTINUE

Medicare
will derive
this
information
from
PECOS for
Medicare
EPs.

Medicaid
EPs will
have a text
field.

Home
Registration
Affirmation
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Registration Disclaimer

General Notice

NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Accept, Agree and Submit

I certify that the foregoing information is true, accurate, and complete. I understand that the Medicare/Medicaid DRG Incentive Program payment I requested will be paid from Federal funds, that by filing the registration I am submitting a claim for Federal funds, and that the use of any false claims, statements, or documents, or the concealment of a material fact used to obtain a Medicare/Medicaid DRG Incentive Program payment, may be prosecuted under applicable Federal or State criminal laws and may also be subject to civil penalties.

I hereby agree to keep such records as are necessary to demonstrate that I met all Medicare/Medicaid DRG Incentive Program requirements and to furnish those records to the Medicaid State Agency, Department of Health and Human Services, or contractor acting on their behalf.

No Medicare/Medicaid DRG Incentive Program payment may be paid unless the registration form is completed and accepted as required by existing law and regulations (42 CFR 405.33).

NOTICE: Anyone who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may upon conviction be subject to fine and imprisonment under applicable Federal laws.

ADDITIONAL NOTICE: Information from the Medicare/Medicaid DRG Incentive Program registration form and subsequently submitted information and documents may be given to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment of any overpayment made and to Congressional Offices in response to inquiries made at the request of the person to whom a record pertains. Appropriate disclosures may be made to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the Medicare/Medicaid DRG Incentive Program.

DISCLOSURE: Voluntary; however, failure to provide information will result in delay in payment or may result in denial of DRG Incentive Payment. With the one exception discussed below, there are no penalties under these programs for refusing to supply information. However, failure to furnish information on this registration form will prevent DRG Incentive Payment from being issued. Failure to furnish subsequently requested information or documents will result in the issuance of an overpayment demand letter followed by recoupment procedures.

It is mandatory that you tell us if you believe you have been overpaid under the Medicare/Medicaid DRG Incentive Program. The Patient Protection and Affordable Care Act, Section 9402, Section 11262, provides penalties for withholding this information.

AGREE
DISAGREE

Legalese

User agrees and proceeds;
user disagrees and cannot
complete registration.



Home Registration Attestation Status Account Management

Submission Receipt

Failed Submission

Your Registration for the EHR Incentive Payment Program has not been accepted. Please read the instructions below.

- The Medicare enrollment in PECOS associated with this registration is not approved. This registration will remain in an Issue Pending status until the issue with the enrollment has been addressed. Please navigate to the PECOS website to validate your enrollment status.
- The Provider type you selected for this registration does not match with a Provider specialty on any of your Medicare Enrollments in PECOS. This registration will remain in an Issue Pending status until the issue has been addressed. You may visit [PECOS](#) to view or update your Medicare enrollment information.

Registration Tracking Information

Registration ID: 1000000703

Name: Nichole Davick

Submitted Date: 11/30/2010

Reason(s) for Submission:

- You are an Eligible Professional registering in the incentive program.
- You have modified your registration information.

PRINT

RETURN TO HOME

Provider receives this message when there are problems with the registration. E.g., no match in PECOS, on the Death Master File, etc.



Home	Registration	Attestation	Status	Account Management
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Identification Questionnaire

CCN / NPI Information

(*) Red asterisk indicates a required field.

LBN : Morton Plant Hospital Association, Inc

TIN : 590624462 (EIN)

Please provide the CMS Certification Number (CCN) and the National Provider Identifier (NPI) that is associated to this TIN :

*CCN:

*NPI:

Mostly, the hospital registration is similar to the EP registration.

One difference is that hospitals must provide their CCN and pick an NPI. These must match the TIN as well.



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EHR Incentive Program

Incentive Program Questionnaire

(*) Red asterisk indicates a required field.

Not sure which incentive program to select? For information on the requirements and the differences between the Medicare and Medicaid EHR incentive programs visit the [CMS Website](#)

***Please select your Incentive Program**

☐ Medicare ☐ Medicaid ☐ Both Medicare & Medicaid [APPLY](#)

The EHR incentive programs require the use of EHR technology certified for this program. For more information about certified EHRs, visit the [CMS Website](#) .

***Do you have a certified EHR?**

☐ Yes ☐ No

Note: A certified EHR is not required to complete the registration process, but an EHR Certification Number will be required when you attest for payment.

EHR Certification Number (Optional): [What is an EHR Certification Number?](#)

[<< PREVIOUS PAGE](#) [SAVE AND CONTINUE >>](#)

Unlike EPs, some hospitals can pick Medicare, Medicaid, or both.



IMPORTANT:
If a hospital is eligible for both programs, they should select both, even if they may not get an incentive for both in the 1st year.



You must resolve the following error(s) to continue:

- Please select the appropriate Medicaid State/Territory.
- Please select your Medicare hospital type.
- Please select your Medicaid hospital type.

Incentive Program Questionnaire

(*) Red asterisk indicates a required field.

Not sure which incentive program to select? For information on the requirements and the differences between the Medicare and Medicaid EHR incentive programs visit the [CMS Website](#).

*Please select your Incentive Program

☐ Medicare ☐ Medicaid ☒ Both Medicare & Medicaid

APPLY

*Medicaid State/Territory: [Why is my state not here?](#)

*My Medicaid hospital is a:

*My Medicare hospital is a:

The EHR incentive programs require the use of EHR technology certified for this program. For more information about certified EHRs, visit the [CMS Website](#).

*Do you have a certified EHR?

☐ Yes ☒ No

Note: A certified EHR is not required to complete the registration process, but an EHR Certification Number will be required when you attest for payment.

The system will prevent a provider from proceeding when all required fields aren't complete.



If a provider selects *Medicaid* or *Both Medicare & Medicaid*, they must choose a state.

Submission Receipt

Successful Submission

You have successfully registered for the EHR Incentive Payment Program.

IMPORTANT! Please note:

- If you are a Medicaid provider, your State Medicaid Agency will need to collect and verify additional eligibility information. After 24 hours, please continue your registration using your State's eligibility verification tool. You can find your State [here](#). Your State will also collect any information to support a program attestation for Medicaid providers (i.e., Medicaid providers will not use the attestation feature on this site). Your State Medicaid Agency may also contact you through the email and/or street addresses you provided in this registration to explain how to continue the eligibility process.
- You may switch between Medicaid and Medicare any time prior to your payment being initiated. This means that when [Medicare or the State Medicaid Agency] begins calculating and disbursing your payment, you will be unable to switch between Medicaid and Medicare.

Registration Tracking Information

Registration ID: 1000000746

LBN: Greater Baltimore Medical Center, Inc.

Submitted Date: 11/30/2010

Submitted By: Authorized Official

Reason(s) for Submission:

- You have modified your registration information.

Medicaid EPs and Medicaid hospitals must continue with the State's site to verify additional info.

Providers will not receive email confirmations at this point in the program.

It is important that providers print this page or record the information in some other way.

[Home](#)[Register](#)[Track](#)[Payment](#)[Logout](#)

Success



Received your registration from NLR. Continue with state registration.

Search Criteria

Registration ID: 1700901825

NPI: 1366472326

Tax ID/SSN: 386006309

Login Information

User ID: abbeyj1245

Profile: Domain Administrator

NLR INFORMATION

1

Please validate your NLR information. If the information is incorrect contact NLR. If the information is correct please proceed.

Personal Info

First Name : Ellun Last Name : Johnsun
Middle Initial : Suffix :
Provider Type : Physician
Provider Specialty : NEUROPSYCHIATRY

Identifiers

The Tax Identification Number (TIN) captured below will receive the EHR incentive payment.

Payee NPI : 1366472326
Payee SSN/Tax ID : 386006309

Address

Address : 4165 E Lippincott Blvd
City : Burton
State : MI Zip : 48519
Phone : (810) 744-1888 Ext :
E-mail : Tust@test.com

Exclusion Code	Exclusion Desc	Exclusion Date

ELIGIBILITY

2

ATTESTATION

3

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Success



Received your
NLR. Continue
registration.

NLR INFORMATION

ELIGIBILITY

Pay

1

2

Enter Eligibility Information

Bold fields are required.

Reporting Period

Start Date: 10/01/2009

End Date: 12/30/2009

Eligible Patient Volume

Are you a pediatrician ? ☒ Yes ☐ No

Are you a physician assistant (PA) ? ☐ Yes ☒ No

Did you render care in a hospital ? ☐ Yes ☒ No

**Do you want use organization
encounters** ? ☐ Yes ☒ No

Did you render care in FQHC/RHC ? ☒ Yes ☐ No

Do you want to include MCO panel ? ☒ Yes ☐ No

FQHC/RHC

Total Encounters: ?

Total unduplicated Encounters: ?

Medicaid Encounters: ?

Medicaid Unduplicated Encounters: ?

MICchild Encounters: ?

Charity Care Encounters: ?

Sliding Fee Scale Encounters: ?

MCO

Total Panel: ?

ATTESTATION

3

[Home](#)[Register](#)[Track](#)[Payment](#)[Logout](#)

Success



Received your registration from NLR. Continue with state registration.

Search Criteria

Registration ID: 1700901825

NPI: 1366472326

Tax ID/SSN: 386006309

Login Information

User ID: abbeyj1245

Profile: Domain Administrator

NLR INFORMATION

ELIGIBILITY

ATTESTATION

1

2

3

NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Signature

I certify that the foregoing information is true, accurate and complete. I understand that the HITECH incentive payment I requested will be paid from Federal and State funds, and that any false claims, statements, or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws. I hereby agree to keep such records as are necessary to demonstrate that I met all HITECH requirements and to furnish those records to the Medicaid State Agency, Dept. of Health and Humans Services, or contractor acting on their behalf No HITECH



I accept the terms and conditions

[Register](#)



Attestation Overview



Topics for this Attestation

Reason for Attestation

You are a Medicare Eligible Professional completing an attestation for the EHR Incentive Program.

Topics

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. Select the **START ATTESTATION** button to modify any previously entered information. The system will show checks for each item when completed.

Completed	Topics
<input type="checkbox"/>	Meaningful Use Core Measures
<input type="checkbox"/>	Meaningful Use Menu Measures
<input type="checkbox"/>	Core Clinical Quality Measures
<input type="checkbox"/>	Alternate Core Clinical Quality Measures (Required only if any Core CQM has a denominator of zero)
<input type="checkbox"/>	Additional Clinical Quality Measures

Note:

When all topics are marked as completed or N/A, please select the **SUBMIT & ATTEST** button to complete the attestation process.

[PREVIOUS PAGE](#)[START ATTESTATION](#)[SUBMIT & ATTEST](#)

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Meaningful Use Core Measures

Questionnaire: (1 of 15)

(*) Red asterisk indicates a required field.

Objective: Use Computerized Provider Order Entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.

Measure: More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.

***PATIENT RECORDS:** Please select whether data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

- ☒ This data was extracted from ALL patient records not just those maintained using certified EHR technology.
- ☐ This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION - Based on ALL patient records: Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

- ☒ Yes ☐ No

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

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Meaningful Use Core Measures

Questionnaire: (2 of 15)

(*) Red asterisk indicates a required field.

Objective: Implement drug-drug and drug-allergy interaction checks.

Measure: The EP has enabled this functionality for the entire EHR reporting period.

Complete the following information:

*Have you enabled the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period?

☒ Yes ☐ No

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

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Meaningful Use Core Measures

Questionnaire: (3 of 15)

(*) Red asterisk indicates a required field.

Objective: Maintain an up-to-date problem list of current and active diagnoses.

Measure: More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.

Complete the following information:

Numerator Number of patients in the denominator who have at least one entry or an indication that no problems are known for the patient recorded as structured data in their problem list.

Denominator Number of unique patients seen by the EP during the EHR reporting period.

*Numerator: *Denominator:

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Meaningful Use Menu Measures

Questionnaire

Instructions:

When selecting five objectives from the Meaningful Use Menu Measure Objectives, an EP must choose at least one objective from the public health menu measure objectives. Should the EP be able to meet the measure for one of these public health menu measure objectives and can attest that an exclusion applies for the other, the EP is required to select and report on the public health menu measure objectives they are able to meet. If the EP can attest to an exclusion from both public health menu measure objectives, the EP must choose one of the two public health menu measure objectives and attest to the exclusion.

After completing the public health menu measure objectives, the EP must report on four (4) additional menu measure objectives from outside the public health menu measures. The EP should first select the menu measure objectives that are relevant to their scope of practice. If the EP is unable to choose four (4) menu measure objectives that are relevant to their scope of practice, then the EP can choose menu measure objective(s) with an exclusion until a total of four (4) menu measure objectives is chosen. However, an EP should not claim an exclusion for a menu measure objective if there are four (4) menu measure objectives that are relevant to their scope of practice and for which they are able to meet the measures.

You must submit one Meaningful Use Menu Measure from the public health list below even if an Exclusion applies to both:

Objective	Measure	Select
Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically)	<input type="checkbox"/>
Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to	<input type="checkbox"/>



which an EP submits such information have the capacity to receive the information electronically).

You must submit four Meaningful Use Menu Measures from the list below even if an Exclusion applies to all four:

Objective	Measure	Select
Implemented drug-formulary checks	The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	<input type="checkbox"/>
Incorporate clinical lab-test results into EHR as structured data.	More than 40% of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are in either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	<input type="checkbox"/>
Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, or outreach.	Generate at least one report listing patients of the EP with a specific condition.	<input type="checkbox"/>
Send reminders to patients per patient preference for preventive/follow up care.	More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.	<input type="checkbox"/>
Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists and allergies) within 4 business days of the information being available to the EP.	At least 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information.	<input type="checkbox"/>
Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.	More than 10% of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.	<input type="checkbox"/>
The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.	<input type="checkbox"/>
The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for	The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and	<input type="checkbox"/>

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Meaningful Use Menu Measures

Questionnaire: (4 of 5)

(*) Red asterisk indicates a required field.

Objective: Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, or outreach.

Measure: Generate at least one report listing patients of the EP with a specific condition.

***PATIENT RECORDS:** Please select whether data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

- ☐ This data was extracted from ALL patient records not just those maintained using certified EHR technology.
- ☐ This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

***Have you generated at least one report listing your patients with a specific condition?**

- ☐ Yes
- ☐ No

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Clinical Quality Measures

Questionnaire: (1 of 3)

(*) Red asterisk indicates a required field.

Instructions: All three Core Clinical Quality Measures must be submitted. For each Core Clinical Quality Measure that has a denominator of zero, an Alternate Core Clinical Quality Measure must also be submitted.

NQF 0013

Title: Hypertension: Blood Pressure Measurement

Description: Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded.

Complete the following information:

*Denominator:

*Numerator:

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Clinical Quality Measures

Questionnaire: (2 of 3)

(*) Red asterisk indicates a required field.

Instructions: All three Core Clinical Quality Measures must be submitted. For each Core Clinical Quality Measure that has a denominator of zero, an Alternate Core Clinical Quality Measure must also be submitted.

NQF 0028 / PQRI 114

Title: Preventive Care and Screening Measure Pair

a. Tobacco Use Assessment

Description: Percentage of patients aged 18 years and older who have been seen for at least 2 office visits who were queried about tobacco use one or more times within 24 months.

Complete the following information:

*Denominator:

*Numerator:

b. Tobacco Cessation Intervention

Description: Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention.

Complete the following information:

*Denominator:

*Numerator:

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Alternate Clinical Quality Measures

Questionnaire

Instructions:

You have entered a denominator of zero for two of your Core Clinical Quality Measures. You must submit two Alternate Core Clinical Quality Measures.

Please select two Alternate Core Clinical Quality Measures from the list below.

Measure #	Title	Description	Selection
Measure 1 : NQF 0024	Title: Weight Assessment and Counseling for Children and Adolescents	Description: Percentage of patients 2 -17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.	<input type="checkbox"/>
Measure 2 : NQF 0041 / PQRI 110	Title: Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old	Description: Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).	<input type="checkbox"/>
Measure 3 : NQF 0038	Title: Childhood Immunization Status	Description: Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and two separate combination rates.	<input type="checkbox"/>

Additional Clinical Quality Measures

Questionnaire

Instructions: Select three Additional Clinical Quality Measures from the list below. You will be prompted to enter numerator(s), denominator(s), and exclusion(s), if applicable, for all three Additional Clinical Quality Measures after you select the CONTINUE button below.

[DESELECT ALL](#)

Measure #	Title	Description	Selection
NQF 0059 / PQRI 1	Title: Diabetes: Hemoglobin A1c Poor Control	Description: Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c > 9.0%.	<input type="checkbox"/>
NQF 0064 / PQRI 2	Title: Diabetes: Low Density Lipoprotein (LDL) Management and Control	Description: Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had LDL-C < 100 mg/dL).	<input type="checkbox"/>
NQF 0061 / PQRI 3	Title: Diabetes: Blood Pressure Management	Description: Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had blood pressure <140/90 mmHg.	<input type="checkbox"/>
NQF 0081 / PQRI 5	Title: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Description: Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy.	<input type="checkbox"/>
NQF 0070 / PQRI 7	Title: Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)	Description: Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy.	<input type="checkbox"/>
NQF 0043 / PQRI 111	Title: Pneumonia Vaccination Status for Older Adults	Description: Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.	<input type="checkbox"/>
NQF 0031 / PQRI 112	Title: Breast Cancer Screening	Description: Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.	<input type="checkbox"/>



Summary of Measures

Summary of Meaningful Use Core Measures

Objective	Accepted/ Rejected	Reason	Submitted Measure
+ Use computerized provider order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines	Accepted	This objective is accepted and all measures for this objective meet minimum standard.	40%
+ Implement drug-drug and drug-allergy interaction checks	Accepted	This objective is accepted and all measures for this objective meet minimum standard.	Yes
+ Maintain an up-to-date problem list of current and active diagnoses.	Rejected	This objective is rejected and all measures for this objective do not meet minimum standard.	67%
+ Generate and transmit permissible prescriptions electronically (eRx).	Accepted	This objective is accepted because the measure has been excluded.	0
+ Maintain active medication list.	Rejected	This objective is rejected and all measures for this objective do not meet minimum standard.	78%
+ Maintain active medication allergy list.	Accepted	This objective is accepted and all measures for this objective meet minimum standard.	91%
+ Record all of the following demographics: <ul style="list-style-type: none"> • Preferred language • Gender • Race • Ethnicity • Date of birth 	Accepted	This objective is accepted and all measures for this objective meet minimum standard.	59%
+ Record and chart changes in vital signs: <ul style="list-style-type: none"> • Height • Weight • Blood pressure Calculate and display body mass index (BMI). Plot and display growth charts for children 2-20 years, including BMI.	Accepted	This objective is accepted because the measure has been excluded.	0
+ Record smoking status for patients 13 years old or older.	Accepted	This objective is accepted because the measure has been excluded.	0
+ Report ambulatory clinical quality measures to CMS.	Accepted	This objective is accepted and all measures for this objective meet minimum standard.	Yes
+ Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance that rule.	Rejected	This objective is rejected and all measures for this objective do not meet minimum standard.	No
+ Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request.	Accepted	This objective is accepted and all measures for this objective meet minimum standard.	92%
+ Provide clinical summaries for patients for each office visit.	Accepted	This objective is accepted and all measures for this objective meet minimum standard.	83%
+ Capability to exchange key clinical information (for example, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically.	Accepted	This objective is accepted and all measures for this objective meet minimum standard.	Yes
+ Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	Accepted	This objective is accepted and all measures for this objective meet minimum standard.	Yes

Please select the **HOME** button to go to the Home Page, or the **NEXT PAGE** button to view the summary of Meaningful Use Menu Measures.

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Summary of Clinical Quality Measures

Summary of Core Clinical Quality Measures

Objective	Accepted/ Rejected	Reason
+ NQF 0013 - Hypertension: Blood Pressure Measurement	Accepted	This objective is accepted and all measures for this objective meet minimum standard.
+ NQF 0028 - Preventive Care and Screening Measure Pair: a. Tobacco Use Assessment, b. Tobacco Cessation Intervention	Accepted	This objective is accepted and all measures for this objective meet minimum standard.
+ NQF 0421 / PQRI 128 - Adult Weight Screening and Follow-up	Accepted	This objective is accepted and all measures for this objective meet minimum standard.

Summary of Alternate Core Clinical Quality Measures

Objective	Accepted/ Rejected	Reason
+ NQF 0038 - Childhood Immunization Status	Accepted	This objective is accepted because the measure has been excluded.

Summary of Additional Clinical Quality Measures

Objective	Accepted/ Rejected	Reason
+ NQF 0059 / PQRI 1 - Diabetes: Hemoglobin A1c Poor Control	Accepted	This objective is accepted and all measures for this objective meet minimum standard.
+ NQF0070 / PQRI 7 - Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)	Accepted	This objective is accepted because the measure has been excluded.
+ NQF0067 / PQRI 6 - Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD	Rejected	This objective is rejected and all measures for this objective do not meet minimum standard.

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Attestation Information

Attestation Information

(*) Red asterisk indicates a required field.

LBN: XYZ Hospital
TIN: 19-5192001 (EIN)
CCN: 321000

Please provide your EHR certification number:

* EHR Certification Number :

[How do I find my EHR certification number?](#)

Note: If an EHR Certification Number is displayed, please verify that it is accurate.

* **Emergency Department (ED) Admissions:** An eligible hospital must choose one of two methods to designate how patients admitted to the Emergency Department (ED) will be included in the denominators of certain Meaningful Use Core and Menu Measures. Please select the method that will be used for ALL Meaningful Use Core and Menu Measures:

- ☒ Observation Services Method
☐ All ED Visits Method

Please provide the EHR reporting period associated with this attestation:

* EHR Reporting
Period Start Date : (mm/dd/yyyy)



* EHR Reporting
Period End Date : (mm/dd/yyyy)



Select the **SAVE & CONTINUE** button to go to the next step in the attestation process.

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Resources for Information

- www.CMS.gov/EHRIncentivePrograms website
- ONC website (www.healthit.hhs.gov)
- FAQs
- Listserv
- Meaningful Use Specification Sheets
- EHR Information Center
 - 7:30 a.m. – 6:30 p.m. (Central Time) Monday through Friday, except federal holidays.
 - 1-888-734-6433 (primary number) or 888-734-6563 (TTY number)
- Registration & Attestation User Guides